

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/806915	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2	1		1		1		52	
3		2		2		2	53	
4		2		2		2	54	
5		2		2		2	55	
6		2		2		2	56	
7		2		2		2	57	
8		2		2		2	58	
9		2		2		2	59	
10		2		2		2	60	
11	1		1		1		61	
12		1		1		1	62	
13		1		1		1	63	
14		3		3		4	64	
15		3		3		4	65	
16		3		3		4	66	
17		3		3		4	67	
18		3		3		4	68	
19		3		3		4	69	
20		3		3		4	70	
21		3		3		4	71	
22		3		3		4	72	
23		3		3		4	73	
24	1		1		1		74	
25		1		1		1	75	
26	1						76	
27		1		1		1	77	
28		1		1		1	78	
29		1		1		1	79	
30		1		1		1	80	
31	1						81	
32		1		1		1	82	
33	1						83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	8		4		5		TOTAL IND.	
TOTAL DEP.	30		58		52		TOTAL DEP.	
TOTAL CLAIMS	38		62		57		TOTAL CLAIMS	